S. No. 2
M—5-43
v. 5-17-39
I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18084

FILED MAY 16 1946

Registration District No. 8 Primary Registration District No. 6076 Registrar's No. 992

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Incarnate Word Convent
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8 weeks (Specify whether years, months or days)

In this community: 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis 96

(c) City or town: Normandy 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 2800 Normandy Drive 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Sister M. Timothy (Mullen)

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F.

5. Color or race: W.

6. (a) Single, widowed, married, divorced: S. 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: May 26th., 1872 (Month) (Day) (Year)

8. AGE: Years 73 | Months 11 | Days 8 | If less than one day hr. min.

9. Birthplace: Dublin (City, town, or county) Ireland (State or foreign country)

10. Usual occupation: Religious

11. Industry or business

FATHER
12. Name: Timothy Mullen
13. Birthplace: Dublin (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant: Sister Madaleine
(b) Address: 2800 Normandy Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Incarnate Word Cemetery

18. (a) Signature of funeral director: Arthur J. Donnelly
(b) Address: 3840 Lindell Blvd.

19. (a) 5-7-46 (Date received local registrar) (b) E. M. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th., year 1946 hour 8 minute p.m.

21. I hereby certify that I attended the deceased from July 1, 1946 to May 4, 1946 that I last saw him alive on May 4, 1946 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Cerebral Hemorrhage

Due to: Hypertension

Due to: Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death): None

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature: W. N. Wells (M. D. or other)

Address: 883 N. Hughes, Tarn. Date signed: 5-7-46

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W H Van Matre.

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.